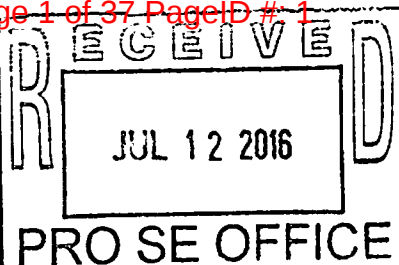


ORIGINALIN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

LESLIE EDWARD BROWN

Complaint for Violation of Civil
Rights(Non-Prisoner ~~COGAN~~)**CV 16 3942**

Case No.

(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No

(check one)

P.O. KAI BABBA 953651 #951438 TAX#
 P.O. MICHAEL WIGDZINSKI (101 PCT)
 P.O. MATTHEW ZAPPIA
 S/O JAMES FOLEY - ST JOHNS FORD
 S/O JUNIOR DANIELS - ST JOHNS
 CORPORATION COUNSEL
 100 CHURCH ST
 N.Y. N.Y. 10007
 JOHN DOE ET AL.

(Write the full name of each plaintiff who is filing
this complaint. If the names of all the plaintiffs
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names.)

THE CITY OF N.Y. THE
 -against- N.Y.C.P.D. 101 PCT.
 16-12 MOTT AVE QUEENS

(-JOHNS EPISCOPAL HOSP. 11691
 17 BEACH 19ST QUEENS N.Y. 11691)

(Write the full name of each defendant who is
being sued. If the names of all the defendants
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names. Do not include
addresses here.)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

ORIGINAL

COPIES

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name P.O. Kas BAPB TX#95365
 Street Address 102 PCT 16-12 MOTT AVE
 City and County FAR ROCKAWAY NY
 State and Zip Code 11691
 Telephone Number _____
 E-mail Address _____

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name P.O. NICHOLAS WILKINSON
 Job or Title 102 PCT 16-12 MOTT AVE
 (if known)
 Street Address FAR ROCKAWAY NY
 City and County
 State and Zip Code 11691
 Telephone Number _____
 E-mail Address _____
 (if known)

Defendant No. 2

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

P.O. Nathan Dappis
POLICE OFFICER

101st St - 16-12 Mot
Roxbury N.Y.
11691

Defendant No. 3

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

S/O James Foley
SECURITY GUARD
St. Johns Episcopal Hosp.
307 Beach St
Roxbury N.Y.
11691

Defendant No. 4

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

S/O Junior Daniels
SECURITY GUARD
St. Johns Episcopal Hosp.
307 Beach St
Roxbury N.Y. 11691

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☒ State or local officials (a § 1983 claim)
☐ Federal officials (a *Bivens* claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

PLAINTIFF WAS DEPRIVED OF FREEDOM & LIBERTY.
 1ST & 5TH AMENDMENT, UNLAWFULLY HELD AGAINST
 HIS WILL, WITHOUT CAUSE. PATIENTS BILL OF
 RIGHTS #3, #5, #6 #9, WAS VIOLATED.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

CRIMINAL COURT OF THE CITY OF NEW YORK
COUNTY OF QUEENS

CERTIFICATE OF DISPOSITION
NUMBER: 329819

THE PEOPLE OF THE STATE OF NEW YORK
VS

BROWN, LESLIE

Defendant

[REDACTED]
Date of Birth

[REDACTED]
Address

[REDACTED]
NYSID Number

QUEENS

NY

City State Zip

12/31/2015
Date of Arrest/Issue

Docket Number: 2016QN000059

Summons No:

205.30 195.05
Arraignment Charges

Case Disposition Information:

Date Court Action
07/01/2016 ACQUITTED AFTER TRIAL

Judge
ZARO, S

Part
JP1

NO FEE CERTIFICATION

☐ GOVERNMENT AGENCY ☐ COUNSEL ASSIGNED

☐ NO RECORD OF ATTORNEY READILY AVAILABLE. DEFENDANT STATES COUNSEL WAS ASSIGNED

SOURCE ☐ ACCUSATORY INSTRUMENT ☐ DOCKET BOOK/CRIMS ☐ CRC3030[CRS963]

I HEREBY CERTIFY THAT THIS IS A TRUE EXCERPT OF THE RECORD ON FILE IN
THIS COURT.

WILLIAMS, J
COURT OFFICIAL SIGNATURE AND SEAL

07/08/2016
DATE

FEE: NONE

(CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT
SEAL OVER THE SIGNATURE OF THE COURT OFFICIAL.)

**CRIMINAL COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS**

-----X
THE PEOPLE OF THE STATE OF NEW YORK

against

**COUNT NO.:1
DKT: NO:2016QN000059**

LESLIE BROWN

Defendant,
-----X

The District Attorney of the County of Queens, by this information, accuses the defendant of the crime of: **PENAL LAW §195.05 OBSTRUCTING GOVERNMENTAL ADMINISTRATION IN THE SECOND DEGREE**, committed as follows:

The defendant, **LESLIE BROWN**, on or about, **DECEMBER 31, 2015**, in the County of Queens, did intentionally obstruct, impair, or prevent or attempted to prevent a public servant from performing an official function by means of physical force or interference, or by means of interfering, whether or not physical force is involved, with an emergency medical service.

RICHARD A. BROWN



DISTRICT ATTORNEY

Dated: June 28, 2016

Kew Gardens, New York

**CRIMINAL COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS**

-----X
THE PEOPLE OF THE STATE OF NEW YORK

against

**COUNT NO.:2
DKT: NO:2016QN000059**

LESLIE BROWN

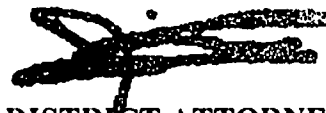
Defendant,

-----X

The District Attorney of the County of Queens, by this information, accuses the defendant of the crime of: **PENAL LAW §205.30 RESISTING ARREST**, committed as follows:

The defendant, **LESLIE BROWN**, on or about, **DECEMBER 31, 2015**, in the County of Queens, did intentionally prevent or attempt to prevent a police officer from effecting an authorized arrest of himself.

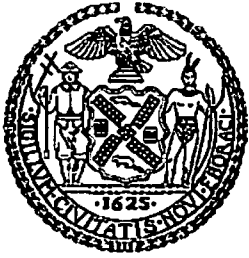
RICHARD A. BROWN



DISTRICT ATTORNEY

Dated: June 28, 2016

Kew Gardens, New York



DISTRICT ATTORNEY QUEENS COUNTY
125-01 QUEENS BOULEVARD
KEW GARDENS, NEW YORK 11415-1568
(718) 286-6000

RICHARD A. BROWN
DISTRICT ATTORNEY

MEMORANDUM

TO: THE COURT

CC: LESLIE BROWN

FROM: ADA KIRAN CHEEMA

DATE: JUNE 28, 2016

RE: WITNESS LIST; PEOPLE V. LESLIE BROWN 2016QN000058

The People may call the following witnesses to the stand at trial:

1. POLICE OFFICER KAI BABB
2. POLICE OFFICER MICHAEL WIGDZINSKI
3. POLICE OFFICER MATTHEW ZAPPIA
4. SECURITY GUARD JAMES FOLEY-ST. JOHN'S HOSPITAL
5. SECURITY GUARD JUNIOR DANIEL'S-ST. JOHN'S HOSPITAL

Date and Time of Occurrence: DECEMBER 31, 2015 at
approximately
11:00PM at 327 BEACH 19
STREET, Queens
County, New York

STATEMENT OF CLAIM

P. 1.

I, LESLIE E. BROWN 6/3/69 #114609588
ON 12/31/15, APP. 11, P.M., INSIDE OF
ST. JOHNS HOSPITAL, 3227 BEACH 19TH
QUEENS N.Y. WAS ACCOSTED BY
ST. JOHNS HOSPITAL SECURITY OFFICERS
JAMES FOLEY, JUNIOR DANIELS
RESTRAINED, ASSULTED AND DETAINED
BY N.Y.C.P.D. P/O K. BABBITT #95365
(101 PCT) P.O. M. ZAPPIA (101 PCT)
P.O. M. WIDZINSKI #951438
PLAINTIFF WAS PHYSICALLY ASSULTED,
VERBALLY INTIMIDATED AND INCAR-
CERATED FOR OVER 24 HOURS..
WC# 2016 QN00059

THE NATURE OF THIS CLAIM

VIOLATION OF PATIENTS BILL OF
RIGHTS; FALSE DETAINMENT,
ASSULT, INTENTIONAL AND
NEGLIGENT INFLECTION OF
EMOTIONAL HARM,

P.R

NEGLIGENCE, NEGLIGENT
HIRING AND RETAINING,
NEGLIGENT SUPERVISION AND
TRAINING, ABUSE OF PROCESS,
AND MALICIOUS PROSECUTION,
ALL OF WHICH RESULTED IN AND
CAUSE SEVERE EMOTIONAL
DISTRESS TO ~~the~~ CLAIMANT,
DAMAGES TO HIS REPUTATION AND
ALL OTHER DAMAGES ALLOWED BY
STATUTE AND CASE LAW AS A
RESULT OF ACTIONS PERPETRATED
BY MEMBERS OF THE N.Y. C.P.D.
AND THE CITY OF NEW YORK.
THEIR AGENTS, SERVANTS,
LICENSEES, EMPLOYEES AND
OTHER AFFILIATES AND DEPART-
MENTS. CLAIMANT WAS UNLAW-
FULLY DETAINED AGAINST HIS
WILL WITHOUT JUST OR PROBABLE
CAUSE BY MEMBERS OF THE
N.Y.C.P.D.

THE ITEMS OF DAMAGES
OR INJURIES
CLAIMS ARE INCLUDED

P. 3

THIS INCIDENT RESULTED IN
DAMAGES TO NYL HESY. NORTH,
EXTENDING RIGHT LEG INJURY,
NYL REPUTATION, SEVERE
EMOTIONAL DISTRESS, ANXIETY,
FEAR, THE FULL EXTENT OF WHICH
IS NOT PRESENTLY KNOWN.

DEFENDANT/PLAINTIFF WAS
DEPRIVED OF FREEDOM AND LIBERTY
FOR OVER 24 HOURS, PLAINTIFF
SEES \$1,000,000.00 (ONE MILLION DOL-
LARS) IN DAMAGES.

City of New York - Department of Correction

INMATE GRIEVANCE AND
REQUEST PROGRAM STATEMENT FORM

Inmate's Name: LESLIE BROWN	Book & Case #: 441-1504288	NYSID # (optional): [REDACTED]	
Facility: A.M.K.C.	Housing Area: 12 UPPER	Date of Incident: 6.17.15	Date Submitted: 6.27.15

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

REQUESTING A BETTER AND THICKER MATTRESS. I AM 6'00" 4 INCHES. I ALSO HAVE A RIGHT SHOULDER 18 MONTH OLD INJURY. MY MATTRESS IS TOO THIN. I AM IN RECURRING PAIN. NEW/BETTER MATTRESS.

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?
 Do you need the IGRP staff to write the grievance or request for you?
 Have you filed this grievance or request with a court or other agency?
 Did you require the assistance of an interpreter?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature:

Leslie Brown

Date of Signature:

6.17.15

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
 IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:

710/15 Environmental
Staff #306

Inmate
Cof #5
9/12/11

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: LESLIE BROWN	Book & Case #: 441-1504288	NYSID # (optional): [REDACTED]
Facility: A.M.K.C.	Housing Area: 12 UPPER	Date of Incident: 6-17-15
		Date Submitted: 6-27-15

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

REQUESTING A BECKER AND THICKER MATTRESS.

I AM 6'00" 4 INCHES. I ALSO HAVE A RIGHT SHOULDER 18 MONTH OLD INJURY. MY MATTRESS IS TOO THIN. I AM IN RECURRING PAIN.

Action Requested by Inmate:

NEW/BETTER MATTRESS

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff? ☒ Yes ☐ No
 Do you need the IGRP staff to write the grievance or request for you? ☐ Yes ☒ No
 Have you filed this grievance or request with a court or other agency? ☐ Yes ☒ No
 Did you require the assistance of an interpreter? ☐ Yes ☒ No

Inmate's Signature:

Leslie Brown

Date of Signature:

6-17-15

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:

Grievance and Request Reference #:

X 710/15



Category:

Environmental

Inmate Grievance and Request Program Staff's Signature:

[Signature]
#376

7/1/16

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION 		
INMATE GRIEVANCE AND REQUEST PROGRAM		
DISPOSITION FORM Attachment - C		
Form: # 7102R Eff.: 09/10/12 Ref.: Dir. #3376		
Grievance/Request Reference #: K710/15	Date Filed: 7/6/15	Facility: AMKC
Title of Grievance or Request: Enviromental		Category: Mattress
From IGRP Inmate Statement Form, print or type short description of request/grievance:		
<p>Claims that mattress issued to him is too thin and believes its causing him pain in his right shoulder.</p>		
Action Requested by Inmate: Wants to be issued a new and better mattress.		
STEP 1: INFORMAL RESOLUTION		
Check one box: <input checked="" type="checkbox"/> Grievance <input type="checkbox"/> Request <input type="checkbox"/> Submission not subject to the IGRP process.		
The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.		
<p>IGRP could not substantiate your claim of mattress that you were issued was too thin and is causing you back pain. EHO Captain has been informed of your claims and clothes box will inspect your mattress and replace it as needed during your housing area linen exchange.</p>		
Are you satisfied with the proposed resolution?		
<input checked="" type="checkbox"/> Yes, I accept the resolution. <input type="checkbox"/> No		
I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not readily available, then the Committee on Religious Accommodations will review my request.		
Inmate's Signature: <i>[Signature]</i>	Date: 7/6/15	Grievance Supervisor's Signature: <i>[Signature]</i>
		Date: 7/6/15

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

B. What date and approximate time did the events giving rise to your claim(s) occur?

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

JAREN BATTLE & RENEE BATTLE

See page #1 to #3

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

PATIENT WAS MISTREATED, INJURIES WERE EXTENDED TO RIGHT LOWER LEG, RIGHT SHOULDER,

BEING TREATED BY: DR. JOHN HOPKINS
ISAK ISAKOW, MD EPISCOPAL HEALTH
1908 BROOKHAVEN AVE SERVICES INC.
FAR ROCKAWAY N.Y. 11691 # 718-869-8400
FAX 718-869-8400

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

SEE PAGES # 1, 2, 3,

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 7/12, 2016

Signature of Plaintiff Leslie E. Brown

Printed Name of Plaintiff LESLIE E. BROWN

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 7/12, 2016

Signature of Plaintiff Leslie E. Brown

Printed Name of Plaintiff LESLIE E. BROWN